



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4617

<b>SERIAL NUMBER</b> 10/777,621	<b>FILING OR 371(c) DATE</b> 02/12/2004 <b>RULE</b>	<b>CLASS</b> 002	<b>GROUP ART UNIT</b> 3765	<b>ATTORNEY DOCKET NO.</b> 2820/103
<b>APPLICANTS</b> Edward L. Goodwin, Canton, MA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/685,647 10/15/2003 ABN which is a CIP of 10/273,985 10/18/2002 ABN				
<b>** FOREIGN APPLICATIONS *****</b> -None- <i>TR</i> <i>TR</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/07/2004 <b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 35
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 02101				
<b>TITLE</b> Washable protective pad				
<b>FILING FEE RECEIVED</b> 649	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	